PART II

RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY

FY 1999 FUNDING

COVER MATERIALS

RESIDENT OPPORTUNITIES AND SELF SUFFICIENCY PROGRAM

APPLICATION FOR FY 1999 FUNDING
COVER SHEET

Funding Category (Check only ONE):

_____ **Resident Management and Business Development**
_____ **Capacity Building**
_____ **Conflict Resolution**
_____ **Resident Service Delivery Models – Family**
_____ **Resident Service Delivery Models – Elderly/Disabled**
_____ **Service Coordinators**

**Submitted
By:** _____
(Applicant Name)

**Contact
Person:** _____

Telephone: (   )_____

Delivered To: _____
(HUD Field Office)

Date: _____

PLEASE USE THIS PAGE AS COVER PAGE

Application for Federal Assistance

OMB Approval No. 0348-0043

	2. Date Submitted	Applicant Identifier

1. Type of Submission

	3. Date Received by State	State Application Identifier
	4. Date Received by Federal Agency	Federal Identifier

Application	**Preapplication**
☐ Construction	☐ Construction
☐ Non-Construction	☐ Non-Construction

5. Applicant Information

Legal Name	Organizational Unit
Address (give city, county, State, and zip code)	Name, telephone number, and facsimile number of the person to be contacted on matters involving this application (give area codes)

6. Employer Identification Number (EIN)

7. Type of Applicant (enter appropriate letter in box) ☐

A. State
B. County
C. Municipal
D. Township
E. Interstate
F. Intermunicipal
G. Special District
H. Independent School Dist.
I. State Controlled Institution of Higher Learning

J. Private University
K. Indian Tribe
L. Individual
M. Profit Organization
N Non-profit
O Public Housing Agency
P. Other (Specify)

8. Type of Application

☐ New   ☐ Continuation   ☐ Revision

If Revision, enter appropriate letter(s) in box(es) ☐ ☐

A. Increase Award   B. Decrease Award   C. Increase Duration
D. Decrease Duration   Other (specify)

9. Name of Federal Agency

10. Catalog of Federal Domestic Assistance Number

Title

11. Descriptive Title of Applicant's Project

12. Areas Affected by Project (cities, counties, States, etc.)

13. Proposed Project

Start Date	Ending Date

14. Congressional Districts of

a. Applicant	b. Project

15. Estimated Funding   Use form HUD-424-M (Matrix)

a. Federal	$	.00
b. Applicant	$	.00
c. State	$	.00
d. Local	$	.00
e. Other	$	.00
f. Program Income	$	.00
g. **Total**	$	.00

16. Is Application Subject to Review by State Executive Order 12372 Process?

a.   **Yes**   This preapplication/application was made available to the State Executive Order 12372 Process for review on

Date:_____

b.   **No**   ☐ Program is not covered by E.O. 12372

or   ☐ Program has not been selected by State for review.

17. Is the Applicant Delinquent on Any Federal Debt?
☐ Yes   If "Yes," explain below or attach an explanation   ☐ No

18. To the best of my knowledge and belief, all data in this application/preapplication are true and correct, the document has been duly authorized by the governing body of the applicant and the applicant will comply with the attached assurances if the assistance is awarded.

a. Typed Name of Authorized Representative	b. Title	c. Telephone Number
d. Signature of Authorized Representative		e. Date Signed

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form **SF-424** (4/92)
Prescribed by OMB Circular A-102

Instructions for the SF-424

Public reporting burden for this collection of information is estimated to average 45 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency .

This is a standard form used by applicants as a required facesheet for preapplications and applications submitted for Federal assistance. It will be used by Federal agencies to obtain applicant certification that States which have established a review and comment procedure in response to executive Order 12372 and have selected the program to be included in their process, have been given an opportunity to review the applicant's submission.

Item	Entry

1. Self-explanatory.

2. Date application submitted to Federal agency (or State if applicable) and applicant's control number (if applicable).

3. State use only (if applicable).

4. If this application is to continue or revise an existing award, enter present Federal identifier number. If for a new project, leave blank.

5. Legal name of applicant, name of primary organizational unit which will undertake the assistance activity, complete address of the applicant, and name and telephone number of the person to contact on matters related to this application.

6. Enter Employer Identification Number (EIN) as assigned by the Internal Revenue Service.

7. Enter the appropriate letter in the space provided.

8. Check appropriate box and enter appropriate letter(s) in the space(s) provided:

   – "New" means a new assistance award.

   – "Continuation" means an extension for an additional funding budget period for a project with a projected completion date.

   – "Revision" means any change in the Federal Government's financial obligation or contingent liability from an existing obligation.

9. Name of Federal agency from which assistance is being requested with this application.

10. Use the Catalog of Federal Domestic Assistance number and title of the program under which assistance is requested.

I11. Enter a brief descriptive title of the project. If more than one program is involved, you should append an explanation on a separate sheet. If appropriate (e.g., construction or real property projects), attach a map showing project location. For preapplications, use a separate sheet to provide a summary description of this project.

Item	Entry

12. List only the largest political entities affected (e.g., State, counties, cities).

13. Self-explanatory.

14. List the applicant's Congressional District and any District(s) affected by the program or project.

15. Amount requested or to be contributed during the first funding/ budget period by each contributor. Value of in-kind contributions should be included on appropriate lines as applicable. If the action will result in a dollar change to an existing award, indicate only the amount of the change. For decreases, enclose the amounts in parentheses. If both basic and supplemental amounts are included, show breakdown on an attached sheet. For multiple program funding, use totals and show breakdown using same categories as item 15.

16. Applicants should contact the State Single Point of Contact (SPOC) for Federal Executive Order 12372 to determine whether the application is subject to the State intergovernmental review process

I17. This question applies to the applicant organization, not the person who signs as the authorized representative. Categories of debt include delinquent audit disallowances, loans and taxes.

18. To be signed by the authorized representative of the applicant. A copy of the governing body's authorization for you to sign this application as official representative must be on file in the applicant's office. (Certain Federal agencies may require that this authorization be submitted as part of the application.)

Budget Information — Non-Construction Programs

Section A - Budget Summary

Grant Program Function or Activity (a)	Catalog of Federal Domestic Assistance Number (b)	Estimated Unobligated Funds		New or Revised Budget		
		Federal (c)	Non-Federal (d)	Federal (e)	Non-Federal (f)	Total (g)
1.		$	$	$	$	$
2.						
3.						
4.						
5. Totals		$	$	$	$	$

Section B - Budget Categories

6. Object Class Categories	Grant Program, Function or Activity				Total
	(1)	(2)	(3)	(4)	(5)
a. Personnel	$	$	$	$	$
b. Fringe Benefits					
c. Travel					
d. Equipment					
e. Supplies					
f. Contractual					
g. Construction					
h. Other					
i. Total Direct Charges (sum of 6a-6h)					
j. Indirect Charges					
k. **Totals** (sum of 6i and 6j)					
7. Program Income	$	$	$	$	$

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SF-424A (Rev. 4-92)
Prescribed by OMB Circular A-102

Section C - Non-Federal Resources

(a) Grant Program	(b) Applicant	(c) State	(d) Other Sources	(e) **Totals**
8.	$	$	$	$
9.				
10.				
11.				
12. **Total** (sum of lines 8 - 11)	$	$	$	$

Section D - Forcasted Cash Needs

	Total for 1st Year	1st Quarter	2nd Quarter	3rd Quarter	4th Quarter
13. Federal	$	$	$	$	$
14. Non-Federal					
15. **Total** (sum of lines 13 and 14)	$	$	$	$	$

Section E - Budget Estimates of Federal Funds Needed for Balance of the Project

(a) Grant Program	Future Funding Periods (Years)			
	(b) First	(c) Second	(d) Third	(e) Fourth
16.	$	$	$	$
17.				
18.				
19.				
20. **Total** (sum of lines 16-19)	$	$	$	$

Section F - Other Budget Information

21. Direct Charges	22. Indirect Charges

23. Remarks

Public Reporting Burden for this collection of information is estimated to average 3.0 hours per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. Please do not return your completed form to the Office of Management and Budget; send it to the address provided by the sponsoring agency .

General Instructions

This form is designed so that application can be made for funds from one or more grant programs. In preparing the budget, adhere to any existing Federal grantor agency guidelines which prescribe how and whether budgeted amounts should be separately shown for different functions or activities within the program. For some programs, grantor agencies may require budgets to be separately shown by function or activity. For other programs, grantor agencies may require a breakdown by function or activity. Sections A, B, C, and D should include budget estimates for the whole project except when applying for assistance which requires Federal authorization in annual or other funding period increments. In the later case, Sections A, B, C, and D should provide the budget for the first budget period (usually a year) and Section E should present the need for Federal assistance in the subsequent budget periods. All applications should contain a breakdown by the object class categories shown in Lines a-k of Section B.

Section A. Budget Summary Lines 1-4 Columns (a) and (b)

For applications pertaining to a **single** Federal grant program (Federal Domestic Assistance Catalog number) and **not requiring** a functional or activity breakdown, enter on Line 1 under Column (a) the catalog program title and the catalog number in Column (b).

For applications pertaining to a **single** program **requiring** budget amounts by multiple functions or activities, enter the name of each activity or function on each line in Column (a), and enter the catalog number in Column (b). For applications pertaining to multiple programs where none of the programs require a breakdown by function or activity, enter the catalog program title on each line in **Column** (a) and the respective catalog number on each line in Column (b).

For applications pertaining to **multiple** programs where one or more programs **require** a breakdown by function or activity, prepare a separate sheet for each program requiring the breakdown. Additional sheets should be used when one form does not provide adequate space for all breakdown of data required. However, when more than one sheet is used, the first page should provide the summary totals by programs.

Lines 1-4, Columns (c) through (g)

For new applications, leave Columns (c) and (d) blank. For each line entry in Columns (a) and (b), enter in Columns (e), (f), and (g) the appropriate amounts of funds needed to support the project for the first funding period (usually a year).

For continuing grant program applications, submit these forms before the end of each funding period as required by the grantor agency. Enter in Columns (c) and (d) the estimated amounts of funds which will remain unobligated at the end of the grant funding period only if the Federal grantor agency instructions provide for this. Otherwise, leave these columns blank. Enter in columns (e) and (f) the amounts of funds needed for the upcoming period. The amount(s) in Column (g) should be the sum of amounts in Columns (e) and (f).

For supplemental grants and changes to existing grants, do not use Columns (c) and (d). Enter in Column (e) the amount of the increase or decrease of Federal funds and enter in Column (f) the amount of the increase or decrease of non-Federal funds. In Column (g) enter the new total budgeted amount (Federal and non-Federal) which includes the total previous authorized budgeted amounts plus or minus, as appropriate, the amounts shown in Columns (e) and (f). The amount(s) in Column (g) should not equal the sum of amounts in Columns (e) and (f).

Line 5—Show the totals for all columns used.

Section B. Budget Categories

In the column headings (a) through (4), enter the titles of the same programs, functions, and activities shown on Lines 1-4, Column (a), Section A. When additional sheets are prepared for Section A, provide similar column headings on each sheet. For each program, function or activity, fill in the total requirements for funds (both Federal and non-Federal) by object class categories.

Lines 6a-i—Show the totals of Lines 6a to 6h in each column.

Line 6j—Show the amount of indirect cost.

Line 6k—Enter the total of amounts on Lines 6i and 6j. For all applications for new grants and continuation grants the total amount in column (5), Line 6k, should be the same as the total amount shown in Section A, Column (g), Line 5. For supplemental grants and changes to grants, the total amount of the increase or decrease as shown in Columns (1)-(4), Line 6k should be the same as the sum of the amounts in Section A, Columns (e) and (f) on Line 5.

Line 7—Enter the estimated amount of income, if any, expected to be generated from this project. Do not add or subtract this amount from the total project amount. Show under the program narrative statement the nature and source of income. The estimated amount of program income may be considered by the federal grantor agency in determining the total amount of the grant.

Section C. Non-Federal Resources

Lines 8-11—Enter amounts of non-Federal resources that will be used on the grant. If in-kind contributions are included, provide a brief explanation on a separate sheet.

Column (a)—Enter the program titles identical to Column (a), Section A. A breakdown by function or activity is not necessary.

Column (b)—Enter the contribution to be made by the applicant.

Column (c)—Enter the amount of the State's cash and in-kind contribution if the applicant is not a State or State agency. Applicants which are a State or State agencies should leave this column blank.

Column (d)—Enter the amount of cash and in-kind contributions to be made from all other sources.

Column (e)—Enter totals of Columns (b), (c), and (d).

Line 12—Enter the total for each of Columns (b)-(e). The amount in Column (e) should be equal to the amount on Line 5, Column (f) Section A.

Section D. Forecasted Cash Needs

Line 13—Enter the amount of cash needed by quarter from the grantor agency during the first year.

Line 14—Enter the amount of cash from all other sources needed by quarter during the first year.

Line 15—Enter the totals of amounts on Lines 13 and 14.

Section E. Budget Estimates of Federal Funds Needed for Balance of the Project

Lines 16-19—Enter in Column (a) the same grant program titles shown in Column (a), Section A. A breakdown by function or activity is not necessary. For new applications and continuation grant applications, enter in the proper columns amounts of Federal funds which will be needed to complete the program or project over the succeeding funding periods (usually in years). This section need not be completed for revisions (amendments, changes, or supplements) to funds for the current year of existing grants.

If more than four lines are needed to list the program titles, submit additional schedules as necessary.

Line 20—Enter the total for each of the Columns (b)-(e). When additional schedules are prepared for this Section, annotate accordingly and show the overall totals on this line.

Section F. Other Budget Information

Line 21—Use this space to explain amounts for individual direct object-class cost categories that may appear to be out of the ordinary or to explain the details as required by the Federal grantor agency.

Line 22—Enter the type of indirect rate (provisional, predetermined, final or fixed) that will be in effect during the funding period, the estimated amount of the base to which the rate is applied, and the total indirect expense.

Line 23—Provide any other explanations or comments deemed necessary.

ROSS FY 1999 FUNDING

FACT SHEET

Applicant Information

Applicant:_____

Applicant Type: _____PHA   _____RA   _____IRO   _____NONPROFIT
                    _____Tribe/THDE

HUD Region:_____ State: _____ HUD Field/ONAP Office:_____

Contact

Name/Title _____

Street Address _____

City/State/Zip _____

Telephone No. (   ) _____

Fax No. (   )_____

Assistance for which the applicant is applying:

_____   Resident Management and Business Development
_____   Capacity Building
_____   Conflict Resolution
_____   Resident Service Delivery Models - Family
_____   Resident Service Delivery Models - Elderly/Disabled

Budget Information
Please use the page appropriate to your program. Please check the budget line items
you intend to fund. Put N/A for "Not Applicable" on all others in your program area.

ROSS FY 1999 FUNDING

FACT SHEET (continued)

Resident Management and Business Development

_____	**1010**	**Physical Improvements**
_____	**1020**	**Resident Business Development**
_____	1021	Develop Business Plan
_____	1022	Conduct Market Analysis
_____	1023	Licensing, Insurance Bonding
_____	1024	Training Related to Resident Owned Business
_____	1025	Establishment of Resident Managed Business Development
_____	1026	Technical Assistance
_____	**1030**	**Resident Organization Development Activities**
_____	1031	Organize Community
_____	1032	Operating Procedures
_____	1033	Develop MOU
_____	1034	Develop Plan for Technical Assistance
_____	1035	Consultant Contracts
_____	1036	Self Sufficiency Programs
_____	**1040**	**Resident Management**
_____	1041	Conduct Feasibility Study
_____	1042	Secure Training/Skills/Expertise
_____	1043	Develop MOU
_____	1044	Secure T/A to Draft Contract
_____	1045	Negotiate Contract with PHA
_____	1046	Conduct Resident Training/Preparation
_____	**1050**	**Self Sufficiency Program**
_____	1051	Employment and Job Readiness
_____	1052	Job Training
_____	1053	Management Related Employment Training
_____	1054	Vocational Training
_____	1055	Technical Assistance
_____	**1060**	**Supportive Services**
_____	9100	Travel Costs
_____	9200	Other Resident Costs (Stipends, Reimbursements)
_____	9300	Contract Administrator
_____	9400	Administrative and Other Costs

FACT SHEET (continued)

RESIDENT SERVICE DELIVERY MODELS

_____ **2005**   **Program Coordinator**

_____ **2010**   **Physical Improvements**

_____ **2020**   **Entrepreneur Business Development**
_____ 2021   Establishing A Revolving Loan Fund
_____ 2022   Developing a Credit Union

_____ **2030**   **Business Development**
_____ 2031   Develop Business Plan
_____ 2032   Conduct Market Analysis
_____ 2033   Secure Licensing, Insurance, Bonding
_____ 2034   Training Related to Resident Owned Business
_____ 2035   Establishment of Resident Managed Business Development

_____ **2040**   **Resident Organization Development Activities**
_____ 2041   Organize Community
_____ 2042   Operating Procedures
_____ 2043   Develop MOU
_____ 2044   Develop Plan for Technical Assistance
_____ 2045   Consultant Contracts
_____ 2046   Self Sufficiency Programs

_____ **2050**   **Resident Management**
_____ 2051   Conduct Feasibility Study
_____ 2052   Secure Training/Skills/Expertise
_____ 2053   Develop MOU
_____ 2054   Consultant
_____ 2055   Secure T/A to Draft Contract
_____ 2056   Negotiate Contract with PHA
_____ 2057   Conduct Resident Training Preparation

_____ **2060**   **Self Sufficiency Program**
_____ 2061   Program Coordinator
_____ 2062   Physical Improvements
_____ 2063   Employment and Job Readiness
_____ 2064   Job Training
_____ 2065   Management Related Employment Training
_____ 2066   Vocational Training

_____	2067	Technical Assistance
_____	**2070**	**Family Supportive Services**
_____	**2870**	**Elderly Supportive Services**
_____	9100	Travel Costs
_____	9200	Other Resident Costs (Stipends, Reimbursements)
_____	9300	Contract Administrator
_____	9400	Administrative and Other Costs

ROSS FY 1999 FUNDING

FACT SHEET (continued)

Capacity Building

_____	**3000**	**Capacity Building Activities**
_____	3010	Training
_____	3011	Consultants
_____	3012	Other
_____	9100	Travel Costs
_____	9400	Administrative Costs

Conflict Resolution

_____	**4000**	**Mediation Activities**
_____	4010	Establishment of Violence Free Zones
_____	4011	Youth Services Activities
_____	4012	Resident/PHA Issues
_____	4013	Development of Materials
_____	4014	Training for Mediation/Reconciliation
_____	4015	Technical Assistance to RAs
_____	9100	Travel Costs
_____	9400	Administrative Costs

ROSS FY 1999 FUNDING

FACT SHEET (continued)

Elderly Service Coordinators

_____	**9810**	Administrative Costs
_____	9820	Other Program Expenses
_____	9830	Training
_____	9840	Salaries
_____	9850	Fringe

SITE-BASED RESIDENT ASSOCIATION BOARD INFORMATION

Name of Board Member	Title	Appointment Date	Term

_____

_____

_____

_____

_____

_____

_____

_____

_____

Date of Last Board Election:_____

Does the organization have block captains?   Yes____   No____
Does the organization have an operating committee?   Yes____   No____

Name(s) of public or Indian housing development(s) targeted for ROSS Activities (Use additional pages if necessary.)

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

_____

ROSS FY 1999 FUNDING

PROGRAM SUMMARY

Applicant: _____   **Date:** _____

Applicant type: _____PHA _____RA _____IRO _____NONPROFIT

_____TRIBE/TDHE

Funding Category: _____

This narrative will be used for congressional notification and will serve as the official program summary.

A. Please provide a brief summary of the program proposed in your application (100 words or less) including a brief description of key program components.

PROGRAM SUMMARY (continued)

B. Please provide a listing of all partners involved, their in-kind/cash contribution, and number of persons to be served by each partner using the format below. (You may copy this page if additional space is needed.)

Partner's Name   In-Kind/Cash Contribution   # Persons Served

_____   _____   _____

Partner's Address

_____

Partner's Name   In-Kind/Cash Contribution   # Persons Served

_____   _____   _____

Partner's Address

_____

Partner's Name   In-Kind/Cash Contribution   # Persons Served

_____   _____   _____

Partner's Address

_____

Partner's Name   In-Kind/Cash Contribution   # Persons Served

_____   _____   _____

Partner's Address

_____

TOTAL   _____   _____